

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

05213

05212

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed by the attending physician, or by the hospital or attending physician, within 24 hours after death. Page 4 of this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. STATE	
Charles Maryland		Maryland Charles	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b	
Indian Head			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS	
—		#39 Glymont Road	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First	Middle
Gertude		C.	Andrien
4. LAST		5. DATE OF DEATH	Month Day Year
Last		April 25	1966
5. SEX		6. COLOR OR RACE	
F		Caucasian	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH	
WIDOWED <input type="checkbox"/>		March 23, 1924	
9. AGE (In years last birthday)		10. IF UNDER 1 YEAR	
42 yrs.		Months Days Hours Min.	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (County & State, or foreign country)	
Housewife		Pittsburgh, Pa. U.S.A.	
12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Unknown		Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give rank or dates of service)		16. SOCIAL SECURITY NO.	
No		17. INFORMANT	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		Address #39 Glymont, Indian Head, Md.	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH Aug. 1965	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		Leonard Andrien, Indian Head, Md.	
(b)			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. TIME OF INJURY Month, Day, Year Hour a.m. 20b. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20c. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20d. (City or town) (County) (State)	
p.m. 19			
21. I certify that (I) (this hospital) attended the deceased from August 1965 to April 1966, that (I) (we) last saw the deceased alive on April 22, 1966, and that death occurred at M, from the causes and on the date stated above.		22b. DATE SIGNED 4-25-66	
22c. SIGNATURE Frank A. Susan MD - M.D.		ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS Indian Head, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 4-26-66	
23c. NAME OF CEMETERY OR CREMATORIAL ST. Charles		23d. LOCATION (City, town or county) Indian Head, Md. (State)	
24. FUNERAL DIRECTOR'S SIGNATURE The Hunt Funeral Home, Waldorf, Md.		25a. REC'D BY REGISTRAR APR 27 1966	
ADDRESS		25b. REGISTRAR'S SIGNATURE Charles Judge	

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

10 FUNERAL DIRECTOR: After this certificate has been signed, it should be detached for use by the funeral director, page 3 should be detached for use by the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Charles		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) La Plata Md		c. LENGTH OF STAY IN 1b 18-Hours		a. STATE Maryland	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Physicians Memorial La Plata Md		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Indian Head Md		b. COUNTY Charles	
3. NAME OF DECEASED (Type or print) Caleb Maltby Bryant		First	Middle	Last	4. DATE OF DEATH Month Year 4-2-66 April 2 1966
5. SEX Male		6. COLOR OR RACE W-US	7. MARRIED WIDOWED	8. DATE OF BIRTH 9-7-1880	9. AGE (In years last birthday) 85 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Govt Worker		10b. KIND OF BUSINESS OR INDUSTRY Propellant Worker		11. BIRTHPLACE (County & State, or foreign country) Charlestown W.Va.	
13. FATHER'S NAME George Wilson Bryant		14. MOTHER'S MAIDEN NAME Laura Stroh		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 217-52-82-48		17. INFORMANT Wife-Mrs Rose Bryant-21-Indian Head Indian Head Md	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Hypertension		Address 21-Indian Head A Indian Head Md	
4201 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		DUE TO (b) Chronic Coronary Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 20-Yrs	
		DUE TO (c) Arterio Sclerosis		3-Yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)					
21. I certify that (I) (this hospital) attended the deceased from 10-1-65, 19, to 4-2-66, 19, that (I) (we) last saw the deceased alive on 4-2-66, 19, and that death occurred at 17-54, from the causes and on the date stated above.					
22a. SIGNATURE James E. Andrews		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> 22b. DATE SIGNED 4-2-66			
22c. PHYSICIAN'S NAME (Type) James E. Andrews MD		MED. DIRECTOR <input type="checkbox"/> 22d. ADDRESS Indian Head Md			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 4-5-66		23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Andrew Chapel	
24. FUNERAL DIRECTOR Arehart Funeral Home, Inc., La Plata, Md.				23d. LOCATION (City, town or county) N.R. VIENNA (State)	
				25a. REC'D BY REGISTRAR APR 7 1966	
				25d. REGISTRAR'S SIGNATURE Charles Judge	

Leicht wärmer 00-2-4 1915
Bis zum 1. Januar 1916

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FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05214

05215

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any documents necessary, please execute them in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)					
Charles MARYLAND		e. STATE Maryland b. COUNTY Charles					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)					
Bryantown		Bryantown					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		d. STREET ADDRESS					
Bryantown		Bryantown					
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print)		First	Middle				
4. DATE OF DEATH		Month	Day				
5. SEX		6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday) yrs.	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
male		colored	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	2/16/66	2		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Kenneth Sutton				Maryland			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give rank or dates of service)		16. SOCIAL SECURITY NO.	
Glady Butler		Glady Butler		Glady Butler		Aguaresca, Md	
Address		17. INFORMANT		18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH	
491X		DUE TO		Confluent bronchopneumonia, right			
Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause last.		DUE TO					
{ (b)		{ (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)		19. WAS AUTOPSY PERFORMED?		20e. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY		Month, Day, Year	20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
Hour a.m.			While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>				
p.m.		19					
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>		Partial		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>	
ACTUAL SIGNATURE Werner U. Spitz, M.D.		DATE SIGNED 4/18/66		M.D.		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type)		Address (Street, city, town, or county)		22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF	
Werner U. Spitz, M.D.		4-21-66		22c. NAME OF CEMETERY OR CREMATORIAL ADDRESS		22d. LOCATION (City, town, or country) (State)	
Burial		St. Philip's Cemetery Aguaresca, Md		24a. REC'D BY REGISTRAR		24b. REGISTRAR'S SIGNATURE	
23. FUNERAL DIRECTOR		Martell Adams Aguaresca, Md		APR 26 1966		Charles Judge	
VS. AISM		6-159011					
SM 9/60							

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1983-1984

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death.

CERTIFICATE OF DEATH													
05216						05215							
1. PLACE OF DEATH a. COUNTY CHARLES MARYLAND						2. USUAL RESIDENCE Where deceased lived, if institution: Residence before admission a. STATE MARYLAND b. COUNTY CHARLES							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LA PLATA			c. LENGTH OF STAY IN lb			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PORT TOBACCO			d. STREET ADDRESS 08-1				
3. NAME OF DECEASED (Type or print) Columbus First C Middle o Last LLI						4. DATE OF DEATH Month APRIL Day 12 Year 1966							
5. SEX Male	6. COLOR OR RACE Negro.	7. MARRIED WIDOWED <input checked="" type="checkbox"/>	NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 13, 1883	9. AGE (In years from birthday) 83 yrs.	10. KIND OF BUSINESS OR INDUSTRY NPP	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME John Silas Collins	14. MOTHER'S MAIDEN NAME Mary Emily	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT Wm. G. Collins, Port Tobacco, md.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory collapse. DUE TO 442X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.						INTERVAL BETWEEN ONSET AND DEATH 12 days							
(b) Senile Cardio-vascular - renal disease. DUE TO 2 months													
(c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) diabetes													
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) While at work										
20c. TIME OF INJURY Month, Day, Year Hour o.m. 19			20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>			20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) McCrashie, md			20f. (City or town) McCrashie (County) CHARLES (State)				
21. I certify that (I) (this hospital) attended the deceased from 7 March, 1966 , to 12 April, 1966 , that (I) (we) last saw the deceased alive on 12 April, 1966 , and that death occurred at 8:00 A.M. M, from causes and on the date stated above.													
22a. SIGNATURE Arthur O. Woody, M.D.						22b. DATE SIGNED 12 April 1966							
22c. PHYSICIAN'S NAME (Type) ARTHUR O. WOODY, M.D.						22d. ADDRESS JARWOOD CLINIC, LA PLATA, MD.							
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			23b. DATE THEREOF 4-15-66			23c. NAME OF CEMETERY OR CREMATORIAL ST. CATHERINE'S			23d. LOCATION (City or Town) McCrashie, md				
24. FUNERAL DIRECTOR Arthur O. Woody ADDRESS Johnson Funeral Home, Pomona Key, MD						25a. REC'D BY REGISTRAR APR 18 1966			25b. REGISTRAR'S SIGNATURE Charles Judge				
VR A15 (4) 20 M 1/66													

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION C

CERTIFICATE OF DEATH

105216

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 must be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY CHARLES		2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LAPLATA		a. STATE MARYLAND b. COUNTY CHARLES	
c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SHILOH	
4. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Physicians Memorial Hosp.			
3. NAME OF DECEASED (Type or print) Benjamin		First	Middle
5. SEX Male		6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER Retired		10b. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH MAY 16, 1888
13. FATHER'S NAME ZACKARY FORD		11. BIRTHPLACE (County & State, or foreign country) MT. VICTORIA, MD.	9. AGE (In years last birthday) 77 yrs.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	10. DATE OF DEATH APRIL 23 1966
17. INFORMANT ELIZA COBERT		12. CITIZEN OF WHAT COUNTRY U.S.A.	13. MOTHER'S MAIDEN NAME Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4201		INTERVAL BETWEEN ONSET AND DEATH Coronary Occlusion 10 min	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) 4201		DUE TO	
(c)		DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)	
20c. TIME OF INJURY Hour a.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
p.m.		20f. (City or town) LA PLATA, MARYLAND	(County) MARYLAND (State) MARYLAND
21. I certify that (I) (this hospital) attended the deceased from 4-21-66 to 4-23-66 , that (I) (we) last saw the deceased alive on 4-23-66 and that death occurred 4-23-66 at 8 AM , from the causes and on the date stated above.			
22a. SIGNATURE F. Johnson MD.		ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22b. DATE SIGNED 4-26-66
22c. PHYSICIAN'S NAME (Type) F. Johnson MD.		22d. ADDRESS LA PLATA, MARYLAND	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE THEREOF 4-26-66	23c. NAME OF CEMETERY OR CREMATORIAL SHILOH METHODIST
24. FUNERAL DIRECTOR'S SIGNATURE Johnson Funeral Home, Pomona Key, MD		23d. LOCATION (City, town or county) NEWBURG MD.	(State)
ADDRESS		25a. REC'D BY REGISTRAR APR 28 1966	25b. REGISTRAR'S SIGNATURE Charles J. Charles J. Judge

APR 28 1998

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

05218

CERTIFICATE OF DEATH

05217

1. PLACE OF DEATH a. COUNTY Charles		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland		b. COUNTY Charles		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Indian Head Md		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Indian head Md		08-1		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)				d. STREET ADDRESS 38-Mattingly Ave.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First Mary	Middle Ellen	Last Gardiner	4. DATE OF DEATH 4-7-66	Month 4	Day 7	Year 1966
5. SEX Female		6. COLOR OR RACE W-US	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-14-1883	9. AGE (in years last birthday) 82 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (County & State, or foreign country) Prince Georges County Cederwood		12. CITIZEN OF WHAT COUNTRY? USA USA		
13. FATHER'S NAME Thomas Baden		14. MOTHER'S MAIDEN NAME Charlotte Kirby						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Marie McWilliams Daughter		Address 14-Indian Head Ave Indian Head Md		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH Immediate		
4201 Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.		DUE TO (b) <u>Hypertension</u>				Indefinite		
		DUE TO (c) <u>Arterio Sclerosis-Aging process</u>				Indefinite		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20f. (City or town) (County) (State)						
21. I certify that (I) (this hospital) attended the deceased from 3-1-1950, 19, to 4-7-66, 19, that (I) <u>we</u> last saw the deceased alive on 4-7-66, 19, and that death occurred at 7 PM, from the causes and on the date stated above.		22a. SIGNATURE <u>Robert E. Andrews</u>		22b. DATE SIGNED 4-9-66				
22c. PHYSICIAN'S NAME (Type) James E. Andrews MD		22d. ADDRESS Indian Head Md						
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE THEREOF 4-11-66		23c. NAME OF CEMETERY OR CREMATORIAL St. Peters		23d. LOCATION (City, town or county) (State) WALDORF, MD		
24. FUNERAL DIRECTOR HUNTT FUNERAL HOME		ADDRESS WALDORF, MD		25a. REC'D BY REGISTRAR APR 13 1966		25b. REGISTRAR'S SIGNATURE Charles Judge		

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

M

05219

05218

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 must be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH
a. COUNTY

Charles

MARYLAND

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Grayton

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

3. NAME OF
DECEASED
(Type or print)

5. SEX

Female

13. FATHER'S NAME

Peter Dowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or peace of service)

NO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

4221

Conditions, if any, which
gave rise to immediate cause
(a), stating the underlying
cause last.

DUE TO

(b)

DUE TO

(c)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

14. MOTHER'S MAIDEN NAME

Laura ?

James W. McKeown, Grayton, Md.

INTERVAL BETWEEN
ONSET AND DEATH

20 yrs.

MEDICAL CERTIFICATION

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

Diabetes mellitus

19. WAS AUTOPSY
PERFORMED?YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY
Hour a.m. 19
p.m.20d. INJURY OCCURRED
While at work Not While at work

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that (I) (this hospital) attended the deceased from 2/6/66 to 4/25/66 that (I) (we) last saw the deceased alive on 4/4/66, and that death occurred at M, from the causes and on the date stated above.

22a. SIGNATURE

Peter Duus

M.D.

22b. DATE
SIGNED22c. PHYSICIAN'S
NAME (Type)

Peter Duus, M.D.

ATTENDING
PHYS. MED.
DIRECTOR STAFF
PHYS.

22d. ADDRESS

6124 Central Ave., Cap. Hts., Md.

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE THEREOF

4-28-66

23c. NAME OF CEMETERY OR CREMATORIAL

Nanjemoy Baptist

23d. LOCATION (City, town or county)

(State)

Nanjemoy, Md.

24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Arehart Funeral Home Inc., La Plata, Md.

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

MAY 2 1966

Charles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

05220

CERTIFICATE OF DEATH

05219

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY		Charles		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		La Plata, Md.		c. LENGTH OF STAY IN lb		e. STATE Maryland			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		Physicians Memorial				b. COUNTY Charles			
3. NAME OF DECEASED (Type or print)		First DENNIE	Middle WILL	Last KISER	4. DATE OF DEATH APR 4 1966	Month	Day	Year	
5. SEX M		6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH 3 JUNE 1901		9. AGE (In years last birthday) 64 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY LABORER		11. BIRTHPLACE (County & State, or foreign country) COAL MINING RUSSEL CO. VA.		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Orce		14. MOTHER'S MAIDEN NAME Alice Kiser							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? NO		16. SOCIAL SECURITY NO. 227-09-5448		17. INFORMANT Jamie Plummer, La Plata, Md.		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured Volvulus of small bowel 5500 DUE TO acute appendicitis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 6 days.							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)							
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)	(State)
21. I certify that (I) (this hospital) attended the deceased from 4-2-1966 to 4-4-1966 that (I) (we) last saw the deceased alive on 4-3-1966 and that death occurred at 6 AM, from the causes and on the date stated above.									
22a. SIGNATURE F. M. Johnson MD		M.D.		ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED 4-4-66			
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS La Plata, Md.							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 4-7-66		23c. NAME OF CEMETERY OR CREMATORIAL Dentsville M.E. Cemetery, Dentsville, Md.		23d. LOCATION (City, town or county) (State)			
24 FUNERAL DIRECTOR'S SIGNATURE Arehart Funeral Home, Inc., La Plata, Md.		ADDRESS		25a. REC'D BY REGISTRAR APR 7 1966		25b. REGISTRAR'S SIGNATURE Charles Judge			

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FOR STATE
HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

05221

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

115220

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Charles MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Charles	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Indian Head		c. LENGTH OF STAY IN lb	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print)		First MARY	Middle Lost MONTGOMERY
S. SEX Female	6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Willy Johnson		14. MOTHER'S MAIDEN NAME Lena Barber	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Alice G. Montgomery, Monocacy MD		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive and Arteriosclerotic Heart Disease. 443x DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.)
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> Address (Street, city, town, or county)	
ACTUAL SIGNATURE Charles Petty		22. DATE SIGNED 4/14/66	
EXAMINER'S NAME (Type) Charles S. Petty, M.D.		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE THEREOF 4/16/66		23c. NAME OF CEMETERY OR CREMATORIUM Mt Hope Bapt Chuch	
24. FUNERAL DIRECTOR Montgomery 13 - of ADDRESS Joseph L. Michaelas 119 Ke med st		23d. LOCATION (City or Town) Charles Co., Md	
25a. REC'D BY REGISTRAR APR 19 1966		25b. REGISTRAR'S SIGNATURE Charles Judge	

FOR STATE M
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

05222

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05221

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Charles MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Charles	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Nanjemoy		c. LENGTH OF STAY IN b Lifetime	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS	
e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Hugh Bertram		First Middle Last MURDOCK	4. DATE OF DEATH 4-28-66
S. SEX Male	6. COLOR OR RACE White-US	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-12-1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Govt. Worker Rt.		10b. KIND OF BUSINESS OR INDUSTRY US-Govt.	11. BIRTHPLACE (State or foreign country) Nanjemoy, Maryland
13. FATHER'S NAME Robert Murdock		14. MOTHER'S MAIDEN NAME Janie Henderson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) None		16. SOCIAL SECURITY NO. 220-42-1199	17. INFORMANT Grace Murdock-Wife-Nanjemoy Md.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO 4201 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } (b) <u>Coronary Heart Disease - Chronic</u> DUE TO (c) <u>Arterio Sclerosis-General</u>		INTERVAL BETWEEN ONSET AND DEATH 4-HOURS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work at work	20e. PLACE OF INJURY (Name, form, factory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural cause <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>		22. DATE SIGNED 4-28-66	
ACTUAL SIGNATURE EXAMINER'S NAME (Type) James E. Andrews MD		CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> Indian Head or County, Maryland	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF 4/30/1966	23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Nanjemoy Baptist Cemetery	23d. LOCATION (City or Town) (County) (State) Nanjemoy, Md.
24. FUNERAL DIRECTOR Arehart Funeral Home, Inc.-La Plata, Md.	25a. REGD BY REGISTRAR DATE MAY 4 1966	25b. REGISTRAR'S SIGNATURE Charles Judge	

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DRILLING LINE

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FOR STATE
M
HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health at its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

5 may be retained for your files.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

05223

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05222

1. PLACE OF DEATH a. COUNTY CHARLES MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Charles	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WALDORF		c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waldorf	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) TRAILER CAMP		d. STREET ADDRESS Trailer Camp	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) JAMES A. PHILLIPS		First JAMES	Middle A.
Last PHILLIPS		4. DATE OF DEATH Month 4	Day 10 Year 1966
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH July 18, 1939		9. AGE (In years last birthday) 26 yrs.	10. IF UNDER 1 YEAR Months Days Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		11. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	12. BIRTHPLACE (State or foreign country) WASHINGTON, D.C.
13. FATHER'S NAME JAMES Phillips SR.		14. MOTHER'S MAIDEN NAME Molly SOPER	15. CITIZEN OF WHAT COUNTRY? U.S.A.
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		17. SOCIAL SECURITY NO. 213-34-7892	18. INFORMANT Address JAMES Phillips SR., WALDORF, MD.
19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia DUE TO 9160 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) Carbon monoxide poisoning stating the underlying cause (c) 3rd degree burns over 70% of body		20. INTERVAL BETWEEN ONSET AND DEATH	
21. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)		22. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
23. MEDICAL CERTIFICATION 24. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		25. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) Burned in trailer home - Fire apparently started by cigarette left burning on	
26. TIME OF INJURY Month, Day, Year Nov 20th 11:30 p.m. 4-9 1966		27. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input checked="" type="checkbox"/>	28. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Trailer Home
29. (City or town) Waldorf		30. (County) Charles	31. (State) Md.
32. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>			
33. ACTUAL SIGNATURE Russell S. Fisher		34. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/>	
35. EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D.		36. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
37. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		38. DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	
39. DATE THEREOF 4-12-66		40. ADDRESS TRINITY Memorial	
41. LOCATION (City or Town) WALDORF, MD.		(County) Charles	
42. LOCATION (State) Md.			
43. FUNERAL DIRECTOR The Hunter Funeral Home, WALDORF, MD.		44. REC'D BY REGISTRAR Charles Judge	
45. DATE APR 13 1966		46. REGISTRAR'S SIGNATURE Charles Judge	

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE
HEALTH DEPT.

05224

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05223

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1		1. PLACE OF DEATH a. COUNTY Charles MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Charles	
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata		c. LENGTH OF STAY IN lb c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Phys. Mem. Hosp.		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 08-1	
3. NAME OF DECEASED (Type or print) Joseph First		Middle H.		4. DATE OF DEATH Month Aug	Day 28 Year 66
5. SEX M		6. COLOR OR RACE C	7. MARRIED WIDOWED <input checked="" type="checkbox"/>	NEVER MARRIED DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 12, 1925
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Pomfret, Maryland	
13. FATHER'S NAME Clarence B. Proctor		14. MOTHER'S MAIDEN NAME Mary E. Swann		12. CITIZEN OF WHAT COUNTRY S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) Yes		16. SOCIAL SECURITY NO. 219-12-3456		17. INFORMANT Address Mrs. Mary E. Proctor-Mother-La Plata Md.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 982 X		Massive internal hemorrhage INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. {		DUE TO (b)	Stabwound of chest		
		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) stabbed during argument			
20c. TIME OF INJURY Month, Day, Year 1 <input type="checkbox"/> o.m. 4/23/ 66		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input checked="" type="checkbox"/> of work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Bar		20f. (City or town) (County) (State) La Plata Md
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Undetermined manner <input type="checkbox"/>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> ACTUAL SIGNATURE <i>Rudiger Breitenecker</i> M.D. ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> EXAMINER'S NAME (Type) Rudiger Breitenecker DEPUTY MEDICAL EXAMINER <input type="checkbox"/> Address (Street, city, town, or county)			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 4/27/1966	23c. NAME OF CEMETERY OR CREMATORIAL Arlington National Cemetery, Arlington, Va.		23d. LOCATION (City or Town) (County) (State)
24. FUNERAL DIRECTOR Arehart Funeral Home, Inc.-La Plata, Md.		ADDRESS		25a. REC'D BY REGISTRAR APR 26 1966	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>

2001.03.99

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Item 4 Film G376 5/4/66 mh
Item 17 Film G380 9/2/66 mh

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05225 05224

1. PLACE OF DEATH a. COUNTY Charles		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Charles	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LaPlata Md		c. LENGTH OF STAY IN lb Immediate	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Physicians Memorial LaPlata Md		e. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) Quoton Henry		First Quoton	Middle Henry
4. DATE OF DEATH 4/23/66	Month 4	Day 25,	Year 1966
S. SEX Male	6. COLOR OR RACE Negro	7. MARRIED WIDOWED XX	NEVER MARRIED DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH 8-11-1900	9. AGE (In years last birthday) 65 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Charlotte N.C	
12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME Tobias Quoton		
14. MOTHER'S MAIDEN NAME Malissie Porter	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 579-01-3196	17. INFORMANT Esther Wife - Malissie Quoton - Pomonkey
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Disease - Occlusion DUE TO 4201 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Arterio Sclerosis DUE TO (c) Aging Process		INTERVAL BETWEEN ONSET AND DEATH Two Weeks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) 0		(County) 0 (State) 0	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE <i>James E. Andrews</i>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> Address (Street, city, town, or county) James E. Andrews, Indian Head Md	
22. DATE SIGNED 4-25-66			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE THEREOF 4-28-66	23c. NAME OF CEMETERY OR CREMATORIAL METROPOLITAN METHOD CHURCH	23d. LOCATION (City or Town) (County) (State) POMONKEY, MD
24. FUNERAL DIRECTOR BARNES & MATTHEWS INC.	ADDRESS 3649-14 St. N.W.	25a. REC'D BY REGISTRAR APR 29 1966	25b. REGISTRAR'S SIGNATURE Charles Judge

6523

1984 12 15



Item 18a Film G376 5 MARYLAND STATE DEPARTMENT OF HEALTH
 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
 05226 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05225

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any detail necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 24 hours after death.

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)	
e. COUNTY Charles		e. STATE Maryland	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) LaPlata		b. COUNTY Charles	
c. LENGTH OF STAY IN 1b D.O.A.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LaPlata	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Jarwood Clinic		d. STREET ADDRESS Star Route 3	
3. NAME OF DECEASED (Type or print) ROBERT		4. DATE OF DEATH Last Month Day Year ROSIER, Jr. April 20 1966	
5. SEX Male		6. COLOR OR RACE Negro	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH April 20, 1965	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) La Plata, Maryland	
13. FATHER'S NAME Robert H. Rosier, Sr.		14. MOTHER'S MAIDEN NAME Betty J. Yates	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> No		16. SOCIAL SECURITY NO. <input type="checkbox"/> 17. INFORMANT None Mr. Robert H. Rosier-Father	
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).)		Star Route #3, La Plata, Md.	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 431X		pneumonia/ Acute myocarditis	
Conditions, if any, which give rise to immediate cause (b)		DUE TO	
DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)			
20e. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)	
20c. TIME OF INJURY Hour e.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE Charles S. Petty, M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type)		M.D. ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>	
		DATE SIGNED 4/21/66	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 4/23/1966	
22c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Sacred Heart Cemetery		22d. LOCATION (City, town, or country) La Plata, Maryland	
23. FUNERAL DIRECTOR Arehart Funeral Home, Inc.-La Plata, Maryland		24e. REC'D BY REGISTRAR APR 26 1966	
		24b. REGISTRAR'S SIGNATURE Charles Judge	

FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
STATICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 052

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial/transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH

05226

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	
C HHS MARYLAND		a. STATE b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
Rural La Plata, MD		La Plata, MD	
c. LENGTH OF STAY IN 1b		d. STREET ADDRESS	
All day		La Plata, MD	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Jefferson Mem Hosp		08-1	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
JOHN R. TAYLOR		Month Day Year	
First Middle		Last	
5. SEX M		6. COLOR OR RACE C	
7. MARRIED WIDOWED		8. DATE OF BIRTH 11-5-05	
NEVER MARRIED DIVORCED		9. AGE (In years last birthday) 60 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Charles Cty, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James W. Taylor		14. MOTHER'S MAIDEN NAME Florence Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) no		16. SOCIAL SECURITY NO. 17. INFORMANT Lulu Taylor St. Rt. 2 La Plata, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 9161 Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.		19. INTERVAL BETWEEN ONSET AND DEATH 4-10-4-46 60 DUE TO (b) 1000 and upper esophageal gas tank on tractor exploded 4-20-60 DUE TO (c) Gas tank on tractor exploded	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)			
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Gas tank on tractor exploded	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 4-20-60		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm		20f. (City or town) (County) (State) La Plata, Charles, Md.	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE F. J. Eoffel		22. DATE SIGNED 4-24-66	
EXAMINER'S NAME (Type)		CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> Address (Street, city, town, or county)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 27 Apr. 1966	
23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS St. Joseph Catholic Church		23d. LOCATION (City, town or county) (State) Charles, Md.	
24. FUNERAL DIRECTOR John J. Eoffel		25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Charles Judge	
ADDRESS Pomona Rd.		DATE APR 28 1966	

M
FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

05228

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05227

1. PLACE OF DEATH

a. COUNTY

Charles

MARYLAND

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

La Plata, Md.

c. LENGTH OF STAY IN lb

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

Physicians Memorial Hosp.

3. NAME OF

DECEASED
(Type or print)

First

Middle

Last

Grace

Ann

Thomas

4. DATE
OF
DEATH

4/ 6/66

Month
Day
Year

5. SEX

Female

6. COLOR OR RACE

Negro

7. MARRIED NEVER MARRIED

WIDOWED DIVORCED

8. DATE OF BIRTH

10/15/1883

9. AGE (in years
last birthday)

82 yrs.

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HRS.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Henry Duckett

14. MOTHER'S MAIDEN NAME

Mary Middleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give award or date of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Aline Thompson Bryantown, Md.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY,
IMMEDIATE CAUSE (a)

9160

DUE TO

Conditions, if any, which
gave rise to immediate cause
(a), stating the underlying
cause last.

(b)

DUE TO

(c)

Conflagration

House destroyed by fire

INTERVAL BETWEEN
ONSET AND DEATH

4-6-66

4-6-66

MEDICAL CERTIFICATION

08

20a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year

Hour a.m. 9 16 1966 p.m.

20d. INJURY OCCURRED While Not While at work at work

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

House

20f. (City or town)

(County)

(State)

Bryantown, Md. Prince

21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry end in my opinion
death resulted from Natural causes Accident Suicide Homicide Undetermined manner

ACTUAL
SIGNATURE

EXAMINER'S
NAME (Type)

CHIEF MEDICAL EXAMINER

M.D. ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

DATE SIGNED

Address (Street, city, town, or county)

22a. BURIAL, CREMATION, REMOVAL (Specify)

22b. DATE THEREOF

Burial 5-11-66

22c. NAME OF CEMETERY OR CREMATORIAL

St. Mary's Church Cem. Bryan town, Md.

22d. LOCATION (City, town, or county) (State)

23. FUNERAL DIRECTOR

Martell Adams Aquasco, Md.

24a. REC'D BY REGISTRAR

APR 12 1966 Charles Judge

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

M

05229

CERTIFICATE OF DEATH

05228

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Charles MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Charles	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata		c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Physicians Memorial Hosp.		d. STREET ADDRESS 18-1	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Ada Catherine Tolson		First Ada	Middle Catherine
4. DATE OF DEATH April 17 1966	Month April	Day 17	Year 1966
5. SEX female	6. COLOR OR RACE negro	7. MARRIED WIDOWED <input checked="" type="checkbox"/>	NEVER MARRIED DIVORCED <input type="checkbox"/>
8. B. DATE OF BIRTH Sept. 24, 1880		9. AGE (In years last birthday) 85 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (County & State, or foreign country) St. Mary's County, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Samuel Neale		14. MOTHER'S MAIDEN NAME Mary L. Cole	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) no		16. SOCIAL SECURITY NO. 579-44-5823	
17. INFORMANT Lucille Tolson, 1359 N. Carey St.		Address Baltimore, 17, Md.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4 days	
DUE TO 4431			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) hypertensive CVD		DUE TO 10 yrs.	
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) La Plata
20f. (City or town) La Plata		(County) Md. (State)	
21. I certify that (I) (this hospital) attended the deceased from 12 Apr 1966 to 17 Apr 1966 , that (I) (we) last saw the deceased alive on 17 Apr 1966 , and that death occurred at 12:30 P.M. from causes and on the date stated above.			
22a. SIGNATURE <i>Johnson</i>		22b. DATE SIGNED 18 Apr 1966	
22c. PHYSICIAN'S NAME (Type) Frederick M. Johnson MD		22d. ADDRESS La Plata, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 4-20-66	23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS St. Joseph's
24. FUNERAL DIRECTOR Arehart Funeral Home, Inc., La Plata, Md.		25a. REC'D BY REGISTRAR DATE APR 22 1966	
		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>	

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Volume

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Volume 100

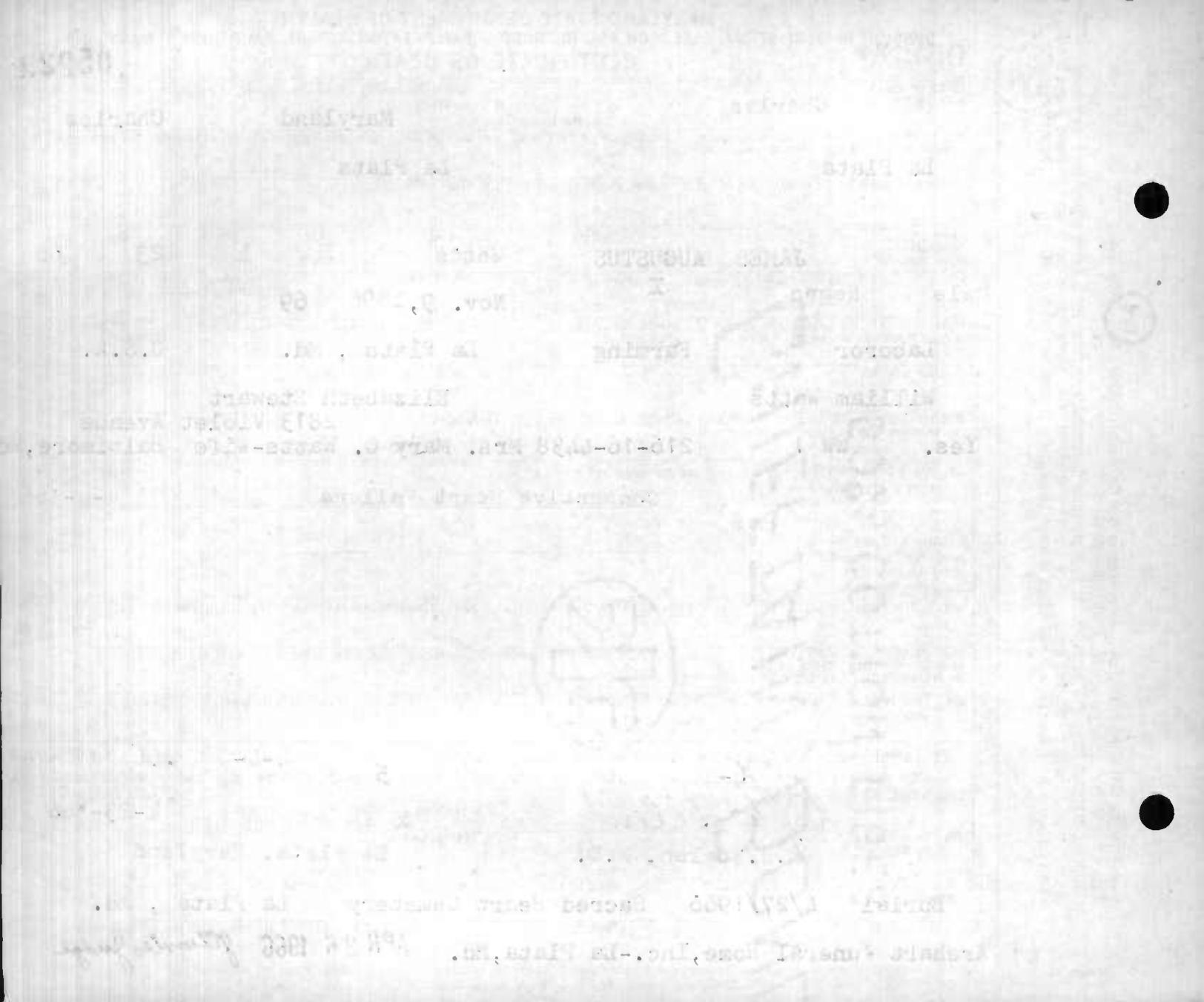
Issue

OBSTETRICS

1 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND															
CERTIFICATE OF DEATH															
1. PLACE OF DEATH a. COUNTY Charles MARYLAND				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Charles											
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata				c. LENGTH OF STAY IN 1b											
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)				La Plata											
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>				d. STREET ADDRESS											
3. NAME OF DECEASED (Type or print) JAMES AUGUSTUS				First	Middle	Last	4. DATE OF DEATH Watts	Month 4	Day 23	Year 1966					
5. SEX Male		6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 9, 1896	9. AGE (in years last birthday) 69 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0	12. IF UNDER 24 HRS. Hours 0	13. FATHER'S NAME William Watts	14. MOTHER'S MAIDEN NAME Elizabeth Stewart	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. WW 1	16. SOCIAL SECURITY NO. 216-16-4438	17. INFIRMITY Mrs. Mary C. Watts-Wife	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4341 Congestive Heart Failure DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 4-4-166
20a. MEDICAL CERTIFICATION ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)													
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) La Plata, Md.		(County)		(State)					
21. I certify that (I) (this hospital) attended the deceased from 1953, 19, to 1966, that (I) (we) last saw the deceased alive on 11-1 1966, and that death occurred at A M, from the causes and on the date stated above.															
22a. SIGNATURE Edelen															
22c. PHYSICIAN'S NAME (Type) E.J. Edelen, M.D.		22d. ADDRESS La Plata, Maryland		22b. DATE SIGNED 4-23-166											
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 4/27/1966		23c. NAME OF CEMETERY OR CREMATORIAL Sacred Heart Cemetery		23d. LOCATION (City, town or county) La Plata, Md.		(State)							
24. FUNERAL DIRECTOR Arehart Funeral Home, Inc.-La Plata, Md.		ADDRESS		25a. REC'D BY REGISTRAR APR 26 1966		25b. REGISTRAR'S SIGNATURE Charles Judge		DATE							



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1
FOR STATE M
HEALTH DEPT

05231

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05231

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in an event within 72 hours after death.

1		MEDICAL EXAMINER'S CERTIFICATE OF DEATH		2			
1 FOR STATE M HEALTH DEPT		05231 1. PLACE OF DEATH a. COUNTY Charles MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marshall's Corner c. LENGTH OF STAY IN lb d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Rt. 225		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Charles c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) nr Marshall's Corner 52-1 d. STREET ADDRESS			
						e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3 2		3. NAME OF DECEASED (Type or print) THOMAS EUGENE WOOD		4. DATE OF DEATH April 13 1966			
						5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED WIDOWED NEVER MARRIED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
10 1 1		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		11. BIRTHPLACE (State or foreign country) Maryland USA			
						12. CITIZEN OF WHAT COUNTRY? USA	
13 2		13. FATHER'S NAME Howard Eugene Wood		14. MOTHER'S MAIDEN NAME Dorothy Elizabeth Smoot			
						15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16 1		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Dorothy E. Wood, Marshalls Corner, Md.			
						18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Interstitial Pneumonitis.</u>	
19 2		525 X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) (c)		INTERVAL BETWEEN ONSET AND DEATH			
						20. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	
						21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>	
22 2		ACTUAL SIGNATURE <u>Charles S. Petty</u> EXAMINER'S NAME (Type) Charles S. Petty, M.D.		22. DATE SIGNED 4/14/66			
						23. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24 2		23d. LOCATION (City or Town) (County) (State) Pomfret, Charles Co., Md.		25a. RELEASER REGISTRATION DATE ABR 19, 1966			
						24. FUNERAL DIRECTOR Arehart Funeral Home, Inc., La Plata, Md.	

